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SEP 16 2005

Date: September 16, 2005	Client & Matter Number: 022176-000610US	No. Pages (including this one): 7
To: Dionne Harvey USPTO	At Fax Number: (571) 273-8300	Confirmation Phone Number:
From: Joel M. Harris		(5129)

Message: Attached are the Confirmation Fax Transmittal from the USPTO, Transmittal Form, Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 10/052,199 filed 1/16/02.

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60589059v160307682 v1

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Date: September 13, 2004	Client & Matter Number: 022176-000510US	No. Pages (including this one): 4	
To: Dianna Harvey USPTO	Alt Fax Number: (703) 872-8308	Confirmation Phone Number:	
From: Joe M. Harris		(R128)	
Message: Attached are the Transmittal Form, Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 10/062,188 filed 1/16/02.			
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To: Dionne Harvey USPTO	At Fax Number: (703) 872-9306	Confirmation Phone Number:
From: Joel M. Harris		(5129)

Message: Attached are the Transmittal Form, Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 10/052,199 filed 1/16/02.

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60307682 v1

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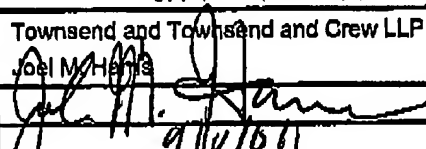
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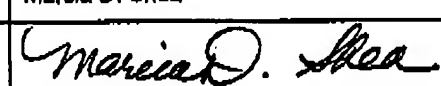
60307682 v1

PTO/SB/21 (04-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/052,199
	Filing Date	January 16, 2002
	First Named Inventor	SHENNIB, ADNAN
	Art Unit	2843
	Examiner Name	DIONNE HARVEY
Total Number of Pages in This Submission	Attorney Docket Number	022178-000810US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	Statement Under 37 CFR 3.73(b)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 44,743
Signature		
Date	9/10/04	

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I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on <u>9/13/04</u>		
Typed or printed name	Marcia D. Shea	
Signature		Date <u>9/13/04</u>

60306089 v1

PTO/SB/82 (09-03)

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/052,199
	Filing Date	01/16/2002
	First Named Inventor	Adnan Shennib et al.
	Art Unit	2543
	Examiner Name	Harvey Dionne
	Attorney Docket Number	022176-000610U8

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

20350

☒ Please change the correspondence address for the above-identified application to:

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OR

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City		State		ZIP	
Country					
Telephone		Fax			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Susan Whichard, Vice President, InSound Medical, Inc.		
Signature	<i>Susan Whichard</i>		
Date	9-7-04	Telephone	510-792-4000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

80269508 v1

SEP 16 2005

PTO/BB/06 (08-03)

Attorney Docket No. 022176-000610US
Client Ref. No. ISM-006CNT**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Insonus Medical, Inc., (now InSound Medical, Inc.-see attached merger document 01/08/2002)Application No./Patent No.: 10/052,199 (CON of 09/327,717)Filed/Issue Date: 01/16/2002Entitled: Disposable Extended Wear Canal Hearing DeviceInSound Medical, Inc., a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

In the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reels 010037 and 010037, Frames 0881 and 0890, respectively, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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- ☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

9-7-04
Date510-792-4000
Telephone numberSusan Whichard
Typed or printed nameSusan Whichard
SignatureCEO, InSound Medical, Inc.
Title

80288518 v1